



IFW

TRANSMITTAL FORM

Application Number	10/586824
Filing Date	7/18/2006
First Named Inventor	Gregory Faris
Art Unit	3777
Examiner Name	BRUTUS, JOEL F
LUMEN Docket Number	SRI-110/PCT/US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Small Entity Claimed | <input type="checkbox"/> Reply to Missing Parts/
Incomplete Application | <input type="checkbox"/> Certified Copy of Priority Doc(s) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Terminal Disclaimer(s)
No. of Disclaimers _____ |
| <input checked="" type="checkbox"/> Reply / Amendment
No. of Pages <u>7</u> | <input type="checkbox"/> Declaration No. of Pages _____ | <input type="checkbox"/> Request for Refund |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Recordation Cover Sheet &
Assignment No. of Pages _____ | <input type="checkbox"/> After Allowance Comm. to TC |
| <input type="checkbox"/> Affidavit(s)/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Corresp. Address | <input type="checkbox"/> Appeal Comm. to TC
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Statement(s) under 3.73(b) | <input type="checkbox"/> Appeal Comm. to Board of
Appeals and Interferences |
| <input type="checkbox"/> Copies of Cited References | <input type="checkbox"/> Copy of Assignment(s) | <input type="checkbox"/> Petition to Revive |
| <input type="checkbox"/> Drawings No. of Sheets _____ | <input type="checkbox"/> Power(s) of Attorney | <input type="checkbox"/> Certificate of Correction |

☐ Other:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM		
SIGNATURE	/ James E. Parris / Reg.No. 51,135		
PRINTED NAME	James E. Parris		
DATE	7/27/11	REGISTRATION NUMBER	51,135

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Robert Lodenkamper / Reg.No. 55,399
PRINTED NAME	Robert Lodenkamper
DATE	7/27/11